



# WOODED ACRES APARTMENTS

1051 Ralston Avenue • Defiance, Ohio 43512 • Phone: 419-784-0700

ATTENTION APPLICANTS!!!!

The application must be filled out completely to be considered.

**Requirements:**

Please only list employers where you have worked a minimum of 6 months.

Please provide 4 weeks of pay stubs

Credit check

Criminal background check

Please provide a copy of your valid driver's license

Please drop the application off to:

**WOODED ACRES APARTMENTS – office located at apartment A-4**

**1051 Ralston Avenue • Defiance, OH 43512**

We are very pleased you are considering making us your new home. We are proud of our community, and we believe you will be too! Wooded Acres Apartments are spacious and totally electric; we supply all appliances, including a dishwasher. We are no longer "pet friendly". However, we do allow ESA animals provided there is a letter from your doctor. The last page of the application must be taken to your local police department; we have been told there is no charge. All applicants are required to participate in an interview with the manager before being considered for an apartment

**WOODED ACRES APARTMENTS**

1051 RALSTON AVE. A4 • DEFIANCE, OHIO 43512

419-784-0700

**RENTAL APPLICATION**

DATE: \_\_\_\_\_

SS#: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ APPLYING FOR: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ WHY ARE YOU MOVING: \_\_\_\_\_

HAVE YOU EVER BEEN EVICTED: \_\_\_\_\_ WHEN: \_\_\_\_\_

**LIST YOUR CURRENT LANDLORD FOR VERIFICATION**

LANDLORD NAME: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**PREVIOUS LANDLORD IF CURRENT RESIDENCE IS LESS THAN 5 YEARS.**

PREVIOUS LANDLORD NAME: \_\_\_\_\_

PREVIOUS LANDLORD ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**YOU MUST HAVE BEEN EMPLOYED AT YOUR CURRENT JOB FOR AT LEAST 6 MONTHS FOR CONSIDERATION, OR BE ON SSI. IF YOU ARE ON SSI OR SSDI, PLEASE LIST AS YOUR EMPLOYMENT**

CURRENT EMPLOYER: \_\_\_\_\_ HOW LONG?: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

DO YOU HAVE A BANK ACCOUNT? CHECKING? \_\_\_\_\_ SAVINGS? \_\_\_\_\_

PLEASE LIST ANY OTHER CREDIT REFERENCES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST THREE REFERENCES - THEY MAY NOT BE ANY RELATIVE OF YOURS.

REFERENCE 1 NAME: \_\_\_\_\_

REFERENCE 1 ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE 2 NAME: \_\_\_\_\_

REFERENCE 2 ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCE 3 NAME: \_\_\_\_\_

REFERENCE 3 ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE/COMPANION: \_\_\_\_\_ SS#: \_\_\_\_\_

SPOUSES EMPLOYMENT HOW LONG: \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_ AGE: \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_ AGE: \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_ AGE: \_\_\_\_\_

OTHER OCCUPANTS: \_\_\_\_\_ AGE: \_\_\_\_\_

CAR YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_ BRAND: \_\_\_\_\_

PLATE NUMBER: \_\_\_\_\_ MONTH EXPIRES: \_\_\_\_\_

IN CASE OF EMERGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_

**CRIMINAL BACKGROUND CHECK AUTHORIZATION**

**YOU MUST TAKE THIS TO YOUR LOCAL POLICE DEPT OR SHERIFFS OFFICE AND THEY WILL FILL IT OUT FOR YOU.**

NAME OF APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

CO-APPLICANT NAME: \_\_\_\_\_ SS# \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

BY SIGNING **BELOW, YOU** ARE GIVING THE POLICE DEPARTMENT PERMISSION TO SUPPLY US  
WITH A CRIMINAL BACKGROUND GROUND CHECK WHICH IS REQUIRED IN THE APPLICATION PROCESS

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CO-APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

POLICE DEPARTMENT REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TAKE THIS TO THE POLICE DEPARTMENT ONLY ON: MONDAY- FRIDAY 9AM--3PM

THIS IS AT NO COST TO YOU – YOU MAY NOT FILL THIS OUT YOURSELF